

COVER PAGE

A Public Document



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Bonner	Dale	E.	(916) 323-5401
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
980 9th Street, Suite 2450	Sacramento	CA 95814	916-323-5402 fax

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Business, Transportation & Housing Agency

Division, Board, District, if applicable:

Your Position:

Secretary

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: see attached

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office (Check one)

Date Left: ____/____/____

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 25, 2009
(month, day, year)

Signature _____
(file the originally signed statement with your filing official.)

Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and other State Agencies

California Coastal Commission
Melanie Wong
45 Fremont Street, Suite 1900
San Francisco, California 94105-2219

California Fiscal Recovery Financing Authority
Department of Justice
1300 I Street, Suite 125
P. O. Box 944255
Sacramento, California 94244-2550

California Housing Finance Agency
Ms. JoJo Ojima
Office of the General Counsel
1415 "L" Street, Suite 500
Sacramento, California 95814

**Grand Avenue Joint Powers Authority Board of
Directors**
Ms. Karen A. Lichtenberg
County of Los Angeles
648 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012-2713

Managed Risk Medical Insurance Board
Ms. Laura Rosenthal
Chief Counsel
1000 G Street, Suite 450
Sacramento, California 95814

**San Francisco Bay Conservation and
Development Board**
Ms. Ellen Sampson
50 California Street, Suite 2600
San Francisco, California 94111

Technology Services Board
Ms. Betty Hickerson
P. O. Box 1810
Rancho Cordova, California 95741-1810

**California Infrastructure and Economic
Development Bank**
980 9th Street, Suite 900
Sacramento, California 95814

**Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and Other State Agencies
(Continued)**

**Small Business Development Program and
State Assistance Fund for Enterprise Business and
Industrial Development Corporation (SAFE-BIDCO)**

Mary Jo Dutra
President, Chief Executive Officer
1377 Corporate Center Parkway, Suite A
Santa Rosa, CA 95407

California Science Center
Jeffrey N. Rudolph
700 State Drive
Los Angeles, CA 90037

California Travel & Tourism Commission
Matthew Sabbatini
980 9th Street, Suite 480
Sacramento, CA 95814

**California Industrial Development
Financing Advisory Commission**
Mark Paxson
General Counsel
State Treasurer's Office
915 Capitol Mall, Room 538
Sacramento, CA 95814

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Dale E. Bonner	

▶ NAME OF SOURCE
California Speedway

ADDRESS
9300 Cherry, Fontana, CA 92335

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 23 / 08</u>	<u>\$ 150.00</u>	<u>Ticket to race</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Business Roundtable

ADDRESS
1215 K Street, Ste. 1570, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Garrett Ashley Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 08</u>	<u>\$ 15.67</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CTIA - The Wireless Association

ADDRESS
1400 16th St., NW, Suite 600, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wireless Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 10 / 08</u>	<u>\$ 85.00</u>	<u>Trade Show Pass</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Governor Schwarzenegger

ADDRESS
State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / / 08</u>	<u>\$ 34.00</u>	<u>Popcorn Tin</u>
<u>12 / / 08</u>	<u>\$ 68.05</u>	<u>Robe</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Chamber of Commerce

ADDRESS
P.O. Box 1736, Sacramento, CA 95812-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Garrett Ashley Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 08</u>	<u>\$ 15.67</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Deutsche Messe

ADDRESS
30521 Hannover, Germany

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Show / Fair Organizing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 2 / 08</u>	<u>\$ 245.00</u>	<u>Fountain Pen</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: The \$15.67 amounts were in connection with a speech and, therefore, not payments and not required to be reported. 2 CCR sections 18623 and 18950.3. They are reported here in the interest of full disclosure.